

DEPARTMENT OF THE ARMY
REASSIGNMENTS PROCESSING CENTER
Fort Lewis, WA 98433-5000

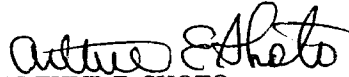
AFZH-AGI-R

MEMORANDUM FOR : Battalion S1

SUBJECT: Reassignments Notification for Commissioned/Warrant Officers/Senior Non -Commissioned Officers (E-8 and above) (OCONUS Assignment).

1. The Reassignments Processing Center has received a Request For Orders/Assignment Instructions for the service member listed below. Advise the service member and his unit commander of this assignment by providing them with a copy of this notification and enclosures.
2. All officers and E-8 (MSG) and above **do not need to attend the levy briefing**. You must return the completed Levy Packet to Reassignments, Waller Hall, Bldg 2140, Room 206 during customer service hours. The enclosed forms must be completed as appropriate. If you have any question in regards to completing the forms, call your unit's Team POC from the enclosed telephone roster. Your orders cannot be published until all necessary forms have been returned to the Reassignment Processing Center.
3. Advise the service member that this is an overseas assignment and passports (if required) must be applied for immediately upon receipt of this notification through the Reassignment Center. Refer to your unit's Team POC on the phone roster for appropriate numbers. **Note:** an Official Passport **will not be processed** for service members requesting a tourist passport for personal travel. United States Military Dependents are authorized an Official Passport for required countries when a service member is on overseas assignment. Please contact your unit's Team POC using the attached phone roster to make an appointment for passport information and application. **Do not delay**, processing time for Official Passport is approximate 6 – 8 weeks, depending on circumstances.
4. Advise the service member that overseas assignment with dependents require approved Family Travel. This process must be initiated at Reassignment Processing Center. This packet includes DA Form 4787, DA Form 5888-R (Family Member Deployment Screening Sheet), DA Form 7246-R (Exceptional Family Member Program Screening Questionnaire, and Letter of Instruction. All forms must be filled out utilizing the Letter of Instruction. These forms must be returned to the Reassignment Processing Center upon completion. Family Travel Applications **will not be processed** until soldiers and family members of age 14 years and older attend and complete the ANTI-TERRORISM/FORCE PROTECTION LEVEL 1 Awareness Training. This training will be conducted before departing soldier's current duty station on PCS/TDY to an overseas area. Training must occur within 12 months before departing duty station. AT/FT Level 1 Awareness Training is available from the internet at the following website: <http://www.at-awareness.org>. After completion of Anti-Terrorism Training, print the certificate from on line. The certificate must be signed by the Certifying Official S2 OIC or S2 NCOIC. Family travel processing time varies upon circumstances and location, **do not delay** initiating application.

FOR COMMANDER:


ARTHUR E. SHOTO
Chief,
Reassignment Processing Center

(Office Symbol) (AFZH-AGI-R/) (614-200b) 1st End (Action Officer 's Tel #)
(Date of Memo)

SUBJECT: Reassignment Notification of _____

Commander, _____ (Unit/Activity) _____ (Date)

FOR: Chief, Reassignments Processing Center, ATTN: AFZH-AGI-R

1. The above soldier (is) (is not) assigned to a unit supported by this headquarters. The soldier was reassigned as directed by enclosed reassignment order.
2. The soldier and the unit commander have been informed of the requirement to attend a Levy Briefing within 30 days of the EDAS Cap Cycle notification. The soldier (will) (will not) attend. If soldier will not attend, indicate reason:

3. Request for (Deletion) (Deferment) (is) (is not) requested.
4. The soldier has been advised of the "SERVICE REMAINING REQUIREMENT" for this assignment. The soldier is scheduled to (extend) (reenlist) on or about _____ or
 ___ a. Soldier is a first term soldier and declines to reenlist/extend. Soldier is required to attend Levy Briefing and sign a "First Termers's Statement". After completing statement, soldier will be released from briefing.
 ___ b. Soldier is not a first term soldier and declines to extend/reenlist. Soldier is required to be counseled and sign DCSS (DA Form 4199-R). Counseling is required by Unit Retention NCO and Unit Commander. Signed DCSS must be returned to the Reassignment Processing Center within seven (7) duty days or NLT 30 days from the EDAS cycle date indicated o assignment instructions.
5. The soldier (has) (has not) applied for Joint Domicile.
6. The following additional information furnished:

(Commander/Adjutant)

2

Levy Notification Information Sheet (Part I)

1. Name: _____ SSN: _____ Rank: _____
(Last, First, MI)

2. Is soldier required to re-enlist/extend? ☐ NO ☐ YES
(ETS must be at least)

If soldier is required to re-enlist/extend, photo copies of the completed re-enlistment/extension documents must be submitted to Reassignments Processing Center (RPC) prior to the suspense date listed above.

3. Is a security clearance required? ☐ NO ☐ YES

If a security clearance is needed the soldier must contact his/her S-2 Security Officer to verify status of clearance.

4. PMOS: _____
(Primary MOS)

5. ETS DATE: _____
(Enlisted Only)

6. Current Unit of Assignment: _____

7. Gaining Unit/Country: _____
(Name of Installation, State, or Country)

8. Soldier's P.O.C. number: Work: _____ Home: _____

9. Report date: ____/____/____
(Year) (Month) (Date)

This is the report year and month directed by DA. It will appear on the Assignment Instruction. For Enlisted soldiers, the day to report will always be on the 20th of the report month. If the soldier is going to a school this is not the report year and month to the school, but it is the report year and month to the actual PCS assignment. Reporting after the 20th of the month is not authorized. Soldiers requesting an Early Report or Deferment must use the year and month directed by DA to complete this form and only after verification of an approved Early Report or Deferment is received will the soldier be allowed to choose a date in the requested year and month. OFFICERS have been given a specific date to report, which is on the RFO.

10. Number of Days Leave Requested: _____

11. Anticipated Date of Loss: ____/____/____
(Year) (Month) (Date)

The anticipated date of loss is the date RPC Admin Team tentatively expects the soldier to go on leave. To calculate this date starts on the date the soldier chooses to report (item #9) then count backwards on the calendar the number of days leave the soldier intends to take. The date you arrive at is the anticipated date of loss. Please keep in mind that this date is tentative. Soldiers that chose TDY schooling option "Enroute" will list the date that they intend to depart Fort Lewis to go to school or to begin PCS leave prior to school as their anticipated date of loss.

12. Family Status (circle one): ☐ Single ☐ Single w/dependents ☐ Married

Married to Service Member: With OR Without Dependents (Who's claiming Dependents)

Joint Domicile: (Married Army Couples Program): only if the Assign. Instr. indicates joint Domicile.

REMARKS: _____

13. Family Travel Status of Soldiers w/dependents going OCONUS only (circle one):

☐ With Dependents ☐ Without Dependents ☐ Joint Domicile

Levy Notice Levy Notification Information Sheet (Part II)

NAME (Last, First, MI)

SSN

Current Unit

1. Leave Address:

2. Leave Telephone Number:

3. I will (apply for voluntary retirement in lieu of PCS)

Soldiers with 19 1/2 years of service

Initials

OR

(comply with PCS assignment instructions)

Initials

4. I elect to choose TDY options: (TDY in return) OR (TDY en-route)

Soldiers with TDY status to include Drill/Recruiters only

(Initials)

5. I (Decline) OR (Accept) the airborne assignment.

Soldier's on an Airborne Assignment only

(Initials)

SOLDIER'S SIGNATURE

DATE

PRINT SOLDIER'S NAME

****Soldiers that have a TDY schooling in conjunction with PCS assignment must complete a DA form 5120-R (TDY schooling in conjunction with PCS Option.**

OVERSEAS TOUR ELECTION STATEMENT

For use of this form, see AR 600-8-11; the proponent agency is ODCSPER

PRIVACY ACT STATEMENT

Authority: Title 10, USC, Sections 3010, 8012 and 5031, and Title 5, USC, Section 301.
Principal Purpose: For personnel service support.
Routine Uses: (1) To conduct initial screening of reassignment cycle to determine soldier's eligibility to comply; and (2) basis for initiating specific assignment processing (*deletion/deferments; additional service; or any other special processing required*).
Disclosure: Disclosure of information is voluntary. However, failure to disclose this data may result in unnecessary hardship on the soldier and/or family members. Failure to disclose data will not automatically exempt soldier from selected reassignment.

INSTRUCTIONS: Prepare this form in two copies. Place the original in the Action Pending section of the soldier's MPRJ and place the copy in the soldier's Reassignment File.

1. NAME	2. SSN	3. GRADE/RANK
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4. FOR ALL SOLDIERS

Having been advised that I am scheduled for a permanent change of station assignment _____, I understand that I must elect to serve either an "all others" or a "with dependents" tour.

If I elect to serve the "all others" tour, I understand that Government transportation of my family members to or from my overseas duty station will not be authorized during the tour. I also understand that if my family members travel at their own expense to reside at or near the area of my assignment (*except for a visit for a period not exceeding 3 continuous months*), I will no longer be entitled to Family Separation Allowance. I also understand that under this tour election, I am authorized movement of my family members to a designated location at Government expense. However, after my family members make a move to a designated location at Government expense, I cannot request to change my tour to the "with dependents" tour in order to request movement of my family members to my overseas area unless extreme personal problems arise which are fully documented.

AND

If I elect to serve the "with dependents" tour, I understand I am not authorized to move my family members and/or household goods to a designated location in CONUS. I understand that I must apply promptly for concurrent travel of my family members in order to receive Family Separation Allowance in the event concurrent travel is not approved. I understand that, if concurrent/deferred travel is not approved, I may apply for nonconcurrent travel for my family members after I arrive in my overseas area, if I am able to obtain suitable quarters, or I may elect to have my family members remain in CONUS. I understand I must have sufficient remaining service to complete the "with dependents" tour length requirements upon my arrival in the overseas area. If not, I will be required to serve an "all others" tour and will not be entitled to Government transportation of my family members to my overseas duty station.

5. FOR INVOLUNTARY EXTENSION

I further understand that I will be involuntarily extended in the overseas command if:

I am an obligated volunteer officer (OBV) and do not wish to extend my Active Duty Service Obligation (ADSO) and the end date of my ADSO follows my date eligible for return from overseas (DEROS) within 11 months (*long tour area*) or six months (*short tour area*).

I will be returned to the continental U.S. (CONUS) transition point in sufficient time to process my separation. To be reassigned to CONUS at my normal DEROS, I must be eligible for and take action to acquire sufficient service to have the required months remaining at DEROS.

6. FOR ALL ARMY SOLDIERS MARRIED TO OTHER ARMY SOLDIERS

I have been briefed and understand the joint domicile

7. FOR USAR OBV OFFICERS

I understand that if I currently have insufficient remaining service to complete the "with dependents" tour, that by electing the "with dependents" option below, I am concurrently volunteering herewith to extend my ADSO until completion of the prescribed tour.

8. FOR ALL SOLDIERS

Regarding my option to elect either the "all others" or the "with dependents" tour, I choose the following actions, to include any additional involuntary extended time in the overseas command.

- a. ☐ I elect to serve a tour for a period _____ months in an "all others" status.
b. ☐ I elect to serve a tour for a period _____ months in an "with dependents" status.

9. SIGNATURE OF SOLDIER

10A. SIGNATURE OF WITNESS

B. DATE

INFORMED ON FAMILY TRAVEL

STATEMENT

I HAVE BEEN BRIEFED ON FAMILY TRAVEL REQUIREMENTS FOR MY
UPCOMING ASSIGNMENT TO: _____

1. I have been briefed on family travel requirements for my OCONUS tour.

2. I have been briefed that as soon as I CAP out for an OCONUS assignment, I must apply for family travel for all dependents that will be accompanying me to my over seas tour.

3. As long as I provided the family travel section with all necessary documents (DA Form 4787-R, DA Form 5888-R, DA Form 7246-R and the anti-terrorism briefing statement or certificate from the internet, signed by the sponsors unit CDR: or S-2). I understand that it will take approximately three to six months (more time is needed sometimes if the sponsors' family has EFMP) for a family travel decision to be made from the time the forms are turned into reassignments. Any dependants that are established after the initial family travel paper work is turned the sponsor MUST apply for family travel for that dependant. Family travel is taken up to MAMC once a week.

4. I have received all necessary documents to apply for family travel. Should I have further questions I will contact family travel in reassignments at 967-1893.

SOLDIERS SOLDIERS SIGNATURE

SOLDIERS SOLDIERS PRINTED NAME

SOLDIERS SOLDIERS UNIT

TODAY'S TODAY'S DATE

**PASSPORT BRIEF/INFORMED
STATEMENT**

I HAVE BEEN BRIEFED/INFORMED ON PASSPORT
REQUIREMENTS FOR MY UPCOMING,

ASSIGNMENT TO: _____

COUNTRY (COUNTRY) _____

1. I have briefed/informed on Passport requirements for a dependent restricted tour.

2. I been briefed/informed that I must apply for a no fee Passport for my family members should they accompany me to my overseas assignment. I also understand that I do not have to wait for my PCS Orders to be published nor received by me to make a passport appointment or to apply for passports for myself or my family members. I understand upon receiving assignment notification, I can apply for Passports for myself/ my family members. I have been given the information sheet to meet the Passport requirements for myself or family members.

3. I have been briefed/informed that Passports will take approximately 6-8 weeks from the time the Passport application leaves reassignments as long as I have provided the Passport Agent with all the necessary documents (*MUST BE ALL ORIGINAL except for marriage certificate*). Passport applications are sent out every Wednesday.

4. I have been briefed/informed that all Passports are done by appointment basis, and I further understand that I would have to contact a Passport Agent at reassignments to make an appointment.

5. I have received all necessary information that was attached to my Levy Packet to apply for a passport for myself and or for my family members. Should I have further questions, I will contact my Unit Representative Passport Agent and the phone numbers have been provided to me in the Levy Packet.

(Soldier's Signature)

(Date)

(Soldier's Printed Name)

(Soldier's Unit)

MEDICAL AND DENTAL PREPARATION FOR OVERSEAS MOVEMENT

For use of this form, see AR 600-8-11; the proponent agency is DCSPER

PRIVACY ACT STATEMENT

Authority: Title 10, USC, Sections 3010, 8012 and 5031, and Title 5, USC, Section 301.
Principal Purpose: Information is required on all soldiers being reassigned overseas to determine if they meet medical and dental standards for such assignment.
Routine Uses: (1) For personnel service support; and (2) Information is primarily obtained from review of records unless assignment is to be an isolated area which requires evaluation and personal interview.
Disclosure: Disclosure of information is voluntary. If family members are required to complete medical and dental evaluation and personal interview, but refuse to do so, they will not be permitted to accompany the soldier to the overseas assignment.

1. TO		2. FROM	
3. NAME (Last, Middle, First)	4. SSN	5A. GRADE OR RANK	5B. PMOS OR AOC
6. PRESENT UNIT OF ASSIGNMENT		7. PROJECTED UNIT OF ASSIGNMENT (include location/country)	
8. PROJECTED DUTY MOS OR AOC (9 Position Code)	9. ANTICIPATED DATE OF LOSS	10. IS MEMBER BEING ASSIGNED TO AN ISOLATED AREA AS DEFINED BY AR 40-501, PARA 5-13C? <input type="checkbox"/> Yes <input type="checkbox"/> No	

11. IF ANSWER TO ITEM 10 IS "YES" AND IF MEMBER IS REQUESTING FAMILY TRAVEL, ALL FAMILY MEMBERS WILL BE SCREENED BY THE LOCAL MEDICAL TREATMENT FACILITY FOR SPECIAL MEDICAL AND FUNCTIONAL NEEDS. ENTER NAMES OF ALL ACCOMPANYING FAMILY MEMBERS, OTHERWISE ENTER N/A.

NAME	NAME

12. LIST ANY OTHER SPECIAL MEDICAL OR DENTAL INSTRUCTIONS CONTAINED IN THE ASSIGNMENT INSTRUCTIONS

13A. NAME OF MPD/PSC REPRESENTATIVE	B. TITLE	
C. SIGNATURE	D. GRADE	E. DATE

Complete the medical and dental status portions below, return the original and one copy to the MDP/PSC within 21 calendar days of the date shown in item 13E, and forward one copy to the address in item 6.

MEDICAL STATUS

14A. PHYSICAL PROFILE SERIAL CODE (PULHES)			B. PHYSICAL CATEGORY CODE	C. MEDICAL RECORDS REVEAL THE FOLLOWING ASSIGNMENT LIMITATIONS
YES	NO	N/A	ITEM	
			15A. Does the member meet the medical fitness standards outlined in AR 40-501? (If "no" explain briefly.)	B. IF CONDITION IS TEMPORARY, EXPECTED DATE MEMBER WILL BE ELIGIBLE FOR ASSIGNMENT
			16A. Has member completed HIV screening?	B. DATE, TIME AND LOCATION OF APPOINTMENT
			17A. Is the member pregnant?	B. IF "YES", EXPECTED DATE OF DELIVERY
			18A. All active duty and reserve personnel of PCS assignment to Korea will be vaccinated with hepatitis B vaccine. Does the member require immunization?	B. IF "YES", INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT
			19A. Does the member require remedial medical care?	B. IF "YES", INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT
			20A. Is the member currently undergoing alcohol or drug abuse rehabilitation?	B. IF "YES", INDICATE DATE THE MEMBER ENTERED THE REHABILITATION PROGRAM
			21A. If item 10 is checked "yes", can the member be assigned to an area where medical facilities are limited or nonexistent?	B. IF "YES", THE MEMBER (and family members, if applicable) MUST BE SCHEDULED FOR A FOLLOW-UP EVALUATION OF MEDICAL STATUS WITHIN 30 CALENDAR DAYS OF THE ANTICIPATED DATE OF LOSS (Item 9). INDICATE DATE, TIME AND LOCATION OF APPOINTMENT(S)

22. Medical Records Indicate the Member Requires the Following (Check those appropriate)

REQUIRES	HAS	MISSING	ITEM	DATE, TIME AND LOCATION OF APPOINTMENT, IF NEEDED
			A. Two pairs of spectacles	
			B. Protective mask spectacle insert	
			C. Two hearing aids	
			D. Medical warning tag	

23A. NAME OF MEDICAL OFFICER	B. TITLE
C. SIGNATURE	D. GRADE E. DATE

DENTAL STATUS (Complete only if item 10 is checked "Yes" or if required by item 12.)

YES	NO	24A. Is the member dentally qualified?	B. IF "NO", BRIEFLY EXPLAIN. IF CONDITION IS TEMPORARY, EXPECTED DATE THE MEMBER WILL BE ELIGIBLE FOR ASSIGNMENT
		25A. Does the member require remedial dental care?	B. IF "YES", INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT
		21A. If item 10 is checked "yes", can the member be assigned to an area where dental facilities are limited or nonexistent?	B. IF "YES", THE MEMBER (and family members, if applicable) MUST BE SCHEDULED FOR A FOLLOW-UP EVALUATION OF MEDICAL STATUS WITHIN 30 CALENDAR DAYS OF THE ANTICIPATED DATE OF LOSS (Item 9). INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT(S)

27A. NAME OF DENTAL OFFICER	B. TITLE
C. SIGNATURE	D. GRADE E. DATE

PASSPORT REQUIREMENTS

**YOU MUST BE A U.S. CITIZEN OR
A MINOR MUST FALL UNDER THE CATCHY OF CHILD ACT OF 2000**

ACTIVE DUTY AND DOD CIVILIANS BORN IN U.S.

1. TCS Orders, Orders, or letter of Exception
2. One of these documents can be submitted for proof of U.S. Citizenship:
 - a. Original Birth Certificate or Birth certificate that has been certified from the county or the state which you were born from. Notarized from JAG or outside county or state is not accepted. Certificate of Live Birth from the hospital is not accepted.
 - b. Current U.S. passport or an expired U.S. passport (no matter how old it is).
 - c. DSP 64 if a passport has been issued to you before and it was lost.

FAMILY MEMBERS BORN AS U.S. CITIZEN

1. Assignment Instructions, RFO or Orders
2. One of these documents can be submitted for proof of U.S. Citizenship:

FAMILY MEMBERS WITH NO PRIOR U.S. PASSPORTS

And

FAMILY MEMBERS 13 YEARS OF AGE AND UNDER

- a. Original Birth Certificate or Birth certificate that has been certified from the county or the state which you were born from. Notarized from JAG or outside county or state is not accepted. Certificate of Live Birth from the hospital is not accepted.
- b. If a minor is applying for a passport, both parents must be present along with the child (ren)

FAMILY MEMBERS WITH PRIOR U.S. PASSPORTS

And

FAMILY MEMBERS 14 YEARS OF AGE AND OLDER

- a. Family members and minors at the age of 14 years of age and older: current U.S. passport or an expired U.S. passport (no matter how old it is) can be submitted for proof of U.S. Citizenship.
- b. Family members 13 and under: Original Birth Certificate or Birth certificate that has been certified from the county or state which you were born from. Notarized from JAG or outside county or state is not accepted. Certificate of Live Birth from the hospital is not accepted
- c. If a minor is applying for a passport, both parents must be present along with the child (ren)
- d. DSP 64 if a passport has been issued to you before and it was lost.

OTHER REQUIREMENTS:

DIVORCES: Women must submit all original or certified copy (ies) of Divorce Decree from The County or State that the divorce was filed/granted.

MARRIAGES: Women must submit all marriage certificates (copies are o.k.)

NAME CHANGE: Original Document from the Court of Name Change

NAME CORRECTION: Original Document from the County or State of Name Correction

ADOPTION: Original Document of Adoption Document with Name Change if applicable.

CHILD CUSTODY: Original Documentation of Child custody from County or State that the custody of granted. IF partial custody: both legal parents must consent to a passport

issuance. A letter of permission must be given to the applying passport parent for the minor. The letter must be presented to the passport agent

Please contact your passport representative for further information.

ONE PARENT: When one parent is deployed or traveling, DS 3053 must be submitted (pre fill out prior to deployment or traveling to new duty station. If One parent is already at their new assignment a Special Power of Attorney specifically stating that one parent can apply and obtain passport for their Child (ren) is required.

Please contact your passport representative for further guidance

QUESTIONS: CONTACT YOUR PASSPORT REPRESENTATIVE FOR FURTHER GUIDANCE.